

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

FORMS FOR CHARITABLE OR CIVIC ORGANIZATIONS

Organizations that qualify for
Exemption from Annual Registration
should use Form 100



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

Division of Consumer Protection
Office of Consumer Affairs

Form 100

REMITTANCE FORM **Charitable or Civic Organization**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

If you do not have an FEIN, please enter the Social Security Number of the person who has signed the application.

Exemption Application Fee (\$10): \$ _____ (910-02-02185)

Returned Check fee (\$20) \$ _____ (910-08135)

Total Fees: \$ _____ Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
P.O. Box 526 - Richmond, VA 23218

FORM 100 - REQUEST FOR EXEMPTION FROM ANNUAL REGISTRATION

All applicants must attach to this form all documents required by the applicable section(s) of the Rules Governing the Solicitation of Contributions.

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions in Virginia. If you do not provide this information, you may not solicit in Virginia.

Application fee: \$10.00. Make check payable to "Treasurer of Virginia."

SECTION I. GENERAL INFORMATION

Please check the category under which you are filing:

(✓)	Category	Description	VA Code Section
	A	Educational institutions and their foundations	57-60.A.1.
	B	Solicitations for a named individual	57-60.A.2
	C	Solicitations not to exceed \$5,000	57-60.A.3
	D	Membership solicitations only	57-48 and 57-60.A.4
	E	Solicitations by non-resident charitable organizations	57-60.A.5
	F	Solicitations confined to five or fewer contiguous cities and counties	57-60.B.
	G	Civic organizations	57-48 and 57-60.A.8
	H	Health care institutions	57-60.A.7
	I	Non-profit debt counseling agencies	57-60.A.9
	J	Area agencies on aging	57-60.A.10
	K	Trade associations	57-60.A.12
	L	Labor unions, labor associations, and labor organizations	57-60.A.11
	M	Virginia Area Health Education Centers	57-60 A.6

1. Primary name of the organization or trust fund:

2. List any other names under which solicitations will be made:

3. Primary address: _____

City _____ State _____ Zip Code _____

Telephone _____

4. Mailing address if different from primary address: _____

City _____ State _____ Zip Code _____

5. Main purpose of the organization or trust fund:

6. Is the organization exempt from paying income taxes under the Internal Revenue Code 501(c)? (Yes or No) _____. If yes, please attach a copy of the IRS tax-exempt determination letter, with any amendments.

7. Anticipated methods of fundraising and sources of income

(✓)	Anticipated methods of fundraising	(✓)	Anticipated sources of income
	Direct mail / e-mail		Gifts from officers / voting members
	Telephone		General public
	Special Events		Corporations
	Newsletter		Foundations
	Internet		Government grants
	Door-to-Door collections / sales		Investments
	Personal contact		Endowments
	Other: Describe briefly		Non-voter "membership" assessments

8. Has the organization or trust fund contracted with any professional fundraising counsel or any professional solicitor? NOTE: Some categories of exemption will not apply if a professional fundraising counsel or professional solicitor is hired.

(Yes or No) _____. If "Yes," list name and address of the professional fundraising counsel or professional solicitor(s) and attach a copy or copies of the contract(s).

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Telephone _____

9. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) _____. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

10. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) _____. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

SECTION II. EXEMPTION INFORMATION

Complete **ONLY** the section that applies to your organization as indicated on the category checked on Page 1 of this form. Then, sign the acknowledgement section and have this form notarized.

Category A: EDUCATIONAL INSTITUTIONS AND THEIR FOUNDATIONS

1. Name, title, and address of principal, dean, or head of organization, by whatever title:

Primary Address: _____

City _____ State _____ Zip Code _____

2. Please check the box that best describes your organization:

(✓)	Description
<input type="checkbox"/>	A fully accredited educational institution. Attach a copy of the accreditation certificate.
<input type="checkbox"/>	A foundation that has an established identity with one or more accredited educational institutions. Attach a copy of the accreditation certificate of each institution, and a letter from the principal, dean, or the head of the institution by whatever name known, which states that the institution recognizes and corroborates the established identity.
<input type="checkbox"/>	An educational institution whose solicitations are confined to its student body, faculty, alumni, trustees, and their families. Attach a sample of the solicitation materials, or an outline of the fundraising program.

Category B: SOLICITATIONS FOR A NAMED INDIVIDUAL

1. Name of individual on whose behalf solicitations will be made:

2. Projected dates of solicitation: From: _____ / _____ / _____ To: _____ / _____ / _____

3. Name and address of principal officer of the trust fund:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

4. Name and address of the bank where the trust fund is established or located:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

5. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) _____. If "Yes," indicate the source of the funds used for payment to these individuals, i.e., what was done to raise these funds or how the funds were generated.

Category C: SOLICITATIONS NOT TO EXCEED \$5,000

1. Are any persons, including employees, officers or trustees, paid for their services to the organization?

(Yes or No) _____. If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

2. Total gross contributions received from the public in each of the last three calendar years. If the organization raises contributions of more than \$5,000 from the public during any given year, the organization shall register and report to the Commissioner within 30 days after the date on which the total contributions exceed \$5,000.

Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Category D: MEMBERSHIP SOLICITATION ONLY

1. Do the organization's members have the right to vote, elect officers, or to hold office, in addition to receiving direct benefits? NOTE: If the organization's "members" do not fit the definition of "Membership" in Section 57-48 of the Code of Virginia, then this exemption will not apply.

(Yes or No) _____.

2. On any mailing or telephone call to potential members, do you request a contribution, in addition to membership dues? NOTE: Only members who have met the organization's membership requirements and who have been accepted by the organization, pursuant to the organization's bylaws, may be solicited for contributions under this exemption category. Organizations may seek potential members, but if such invitation includes a solicitation for contributions, this exemption will not apply.

(Yes or No) _____.

Category E: SOLICITATIONS BY A NON-RESIDENT CHARITABLE ORGANIZATION

1. Name and address of chapter, branch or affiliate located in Virginia which registers annually with the Commissioner:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

Category F: SOLICITATIONS CONFINED TO FIVE OR FEWER CONTIGUOUS CITIES AND COUNTIES

1. Name the cities or counties where the organization intends to solicit contributions. Maximum of five.

2. Name the cities and counties in which the organization has registered to solicit contributions and attach copies of permits. Include localities where the registration is pending.

Category G: CIVIC ORGANIZATION

1. Please check the box that best describes your organization:

(✓)	Description
<input type="checkbox"/>	Fraternal society or association
<input type="checkbox"/>	Local civic league or association
<input type="checkbox"/>	Local service club
<input type="checkbox"/>	Veteran's post
<input type="checkbox"/>	Volunteer fire or rescue group

2. How will the organization use the contributions received?

3. For local service clubs, indicate the city, town or county in which your organization operates. For local civic leagues or associations, indicate the city, town or county for which your organization furthers the common good:

City, Town, or County _____ State _____

Category H: HEALTH CARE INSTITUTIONS

Please check the box that best describes your organization and submit the appropriate attachment(s):

(✓)	Description	Include these attachments
	Licensed 501(c)(3) health care institution	Copy of license.
	Designated federally qualified health center.	Documentation of designation, which must be kept current.
	HCFA-certified rural health clinic	Attach a copy of the certification.
	Free clinic	Fee schedule, if any.
	Other organization whose existence is solely to support licensed health care institutions	Copy of the license from each health care institution.

Category I: NONPROFIT DEBT COUNSELING AGENCIES

Attach a copy of the organization's nonprofit debt counseling agency license issued by the State Corporation Commission.

Category J: AREA AGENCIES ON AGING

Has the Virginia Department for the Aging designated your organization as an area agency on aging?

(Yes or No) _____. If "Yes," attach a copy of the designation agreement document.

Category K: TRADE ASSOCIATIONS

Is the organization an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

(Yes or No) _____. If "Yes," provide a listing of member organizations, including names and addresses.

Category L: LABOR UNIONS, LABOR ASSOCIATIONS, AND LABOR ORGANIZATIONS

Please check the type of labor group that best describes your organization:

(✓)	Type	Definition
	Labor union	An organization composed of workers, regulated by the Labor-Management Relations Act, organized for the purpose of securing favorable wages, improved labor conditions, better hours of labor, etc., and righting grievances against employers.
	Labor association	A group of labor unions or labor organizations acting together to better the conditions of workers.
	Labor organization	An organization dealing, through united action, with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment on behalf of the workers it represents.

Category M: VIRGINIA AREA HEALTH EDUCATION CENTERS

Has the Virginia AHEC Program designated your organization as an Area Health Education Center?

(Yes or No) _____. If "Yes," attach a copy of the Consortium letter issued by the Program.

SECTION III. ACKNOWLEDGEMENT

I the undersigned president, vice president, treasurer, or other officer (trustee) duly authorized to act for the organization for which this request is made, acknowledge that this application for exemption has been examined by me and is, to the best of my knowledge and belief, a true and correct statement according to the laws of the Commonwealth of Virginia.

Signature of sole proprietor or officer (trustee)

Print name

Date

Title

Telephone number

REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

(✓)	Item
	Remittance form and check for \$10, made payable to "Treasurer of Virginia."
	Copies of any applicable Court Orders.
	Listing of officers, directors, and principal salaried executive officer.
	Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.
	Copy of the previous fiscal year's financial report (Form 990 or audited financial statements. Organizations with income under \$25,000 may file a treasurer's report.).
	Copies of any articles of incorporation and amendments.
	Copies of any bylaws and amendments.
	Copies of any IRS tax-exempt determination letter(s) and amendments.
	Category A: One or more of the following, as applicable: Copy of the accreditation certificate of each institution; A letter which states that the institution recognizes and corroborates the established identity; Samples of the solicitation materials or an outline of the fundraising plan.
	Category B: Copy of the trust agreement or similar document.
	Category C: Copy of the budget for the current calendar year, and copies of treasurer's reports for the three previous calendar years (or years of existence).
	Category D: Copies of any membership recruitment correspondence, for the past two mailings.
	Category E: No additional documentation is required.
	Category F: Copy of each local solicitation permit.
	Category G: No additional documentation is required.
	Category H: One of the following, as applicable: Copy of the license issued by the State Department of Health or by the State Department of Mental Health and Mental Retardation; Documentation of FQHC designation;

	Copy of the HCFA certification; Free Clinic fee schedule, if any.
	Category I: Copy of nonprofit debt counseling agency license.
	Category J: Copy of the area agency on aging designation agreement document.
	Category K: Listing of member organizations.
	Category L: No additional documentation is required.
	Category M: Copy of the Consortium letter issued by the Program

Please mail this entire application to:

**Virginia Department of Agriculture & Consumer Services
P.O. Box 526
Richmond, VA 23218**

Virginia Department of Agriculture & Consumer Services

Division of Consumer Protection

Office of Consumer Affairs

Organizations that do not qualify for Exemption from Annual Registration
should use the following Form 102



J. Carlton Courter, III
Commissioner

COMMONWEALTH of VIRGINIA

Department of Agriculture and Consumer Services

Division of Consumer Protection
Office of Consumer Affairs

Form 102

REMITTANCE FORM Charitable Organization

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: _____

Address: _____

Federal Employer Identification Number: _____

Charitable Organization

Initial Registration Fee (\$100): \$_____ (910-02-02184)

Annual Registration Fee: \$_____ (910-02-02619)
(See p. 6 of Form 102)

Returned Check fee (\$20) \$_____ (910-08135)

Total Fees: \$_____ Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

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Virginia Department of Agriculture and Consumer Services
Division of Consumer Protection
Office of Consumer Affairs
P.O. Box 526 - Richmond, VA 23218

FORM 102. REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

(✓)	Type of registration
	Initial registration
	Annual renewal

Unless otherwise noted, all information provided on this form and attachments must be for the current fiscal year. Financial reports (except budgets) will be for the most recently completed fiscal year.

Failure to properly complete this form or to submit all additional documentation required by any applicable section of the Rules Governing the Solicitation of Contributions will result in an ineffective registration. Your organization may not solicit in the Commonwealth of Virginia until it is properly registered.

1. Organization's primary name:

2. List any other names under which you may solicit contributions in Virginia:

3. Primary address: _____

City _____ State _____ Zip Code _____

4. Mailing address if different from primary address above: _____

City _____ State _____ Zip Code _____

5. Other contact information: _____
Telephone, including area code Fax, including area code

Internet URL _____ Organization's official e-mail address _____

6. Locations of other chapters, branches, affiliates ("affiliates"):

a) Does the organization have any chapters, branches or affiliates in Virginia? (Yes or No) _____.
If "Yes,"

i) Attach a list of the affiliates' names, addresses and telephone numbers.

ii) Are the income and expenses of these affiliates included in your organization's financial statement?

(Yes or No) _____. If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization.

b) Does the organization maintain any other offices in Virginia, other than local chapters, branches or affiliates?

(Yes or No) _____. If "Yes," attach a list of the addresses and telephone numbers for those offices.

7. Please check one:

(✓)	Type of organization
	Corporation or limited liability entity
	Partnership
	Other (specify: _____)

8. Date of incorporation or formation: ____/____/____

9. Where was the organization legally established? _____
City State

10. What is the main purpose of the charitable organization?

11. Name and address of designated agent for receipt of process within the Commonwealth of Virginia.
NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.

Name

Address

City State Zip Code

12. Organization's fiscal year:

a) Dates of the current fiscal year: From: ____/____/____ To: ____/____/____

b) Has the organization recently changed its fiscal year? (Yes or No) _____.

If "Yes," provides the dates of the "short" fiscal year:

From: ____/____/____ To: ____/____/____

13. Is the organization exempt under the Internal Revenue Code? (Yes or No) _____.

14. Key personnel:

a) Full name and title of the individuals having signatory power over the organization's funds:

b) Full name and title of the individuals who approve the organization's budget:

15. Percentage of fundraising expenses for the most recently completed fiscal year:

- a) Total amount of contributions received directly from the public: \$ _____
- b) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors: \$ _____
- c) Percent of fundraising expenses (Line b divided by line a): _____ %
- d) Federated fund-raising organizations: State the percentage that is withheld from a donation designated for a member agency: _____ %

16. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

(Yes or No) _____.

17. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

(Yes or No) _____.

18. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

(Yes or No) _____. If "Yes," please indicate the arrangement with your agency by checking below:

Category	(✓)	Type of arrangement
A		A bona fide, salaried officer or employee of the charitable organization or its parent organization
B		An outside consultant or professional fundraising counsel
C		A paid professional solicitor

If B or C above are checked:

- a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

- b) Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.

19. Please indicate how the organization will use the contributions received during the current fiscal year:

20. Has the organization been authorized by any other state or governmental agency to solicit contributions?

(Yes or No) _____. If "Yes", name all such the agencies. Submit an attachment if necessary.

21. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

(Yes or No) _____. If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

22. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

(Yes or No) _____. If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

23. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (Check all that apply):

(✓)	Type of Solicitation
	Telephone
	Direct mail
	Internet
	Special events
	Door-to-door
	Personal contact
	Other (Specify):

24. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide this information, you may not solicit in Virginia.

25. OATH OR AFFIRMATION

Two (2) different officers must sign this registration form. The original must then be filed with the Office of Consumer Affairs. Copies are not allowed.

We, the undersigned Chief Fiscal Officer and President (or other authorized officer), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Signature of chief fiscal officer

Signature of president or other authorized officer

Print name

Print name

Title

Title

Date

Date

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

\$30	If your gross contributions for the preceding year do not exceed \$25,000.
\$50	If your gross contributions exceed \$25,000 but do not exceed \$50,000.
\$100	If your gross contributions exceed \$50,000 but do not exceed \$100,000.
\$200	If your gross contributions exceed \$100,000 but do not exceed \$500,000.
\$250	If your gross contributions exceed \$500,000 but do not exceed one million dollars.
\$325	If your gross contributions exceed one million dollars.

(*) "Gross contributions" means the total contributions received by the organization from all sources, regardless of geographic location, excluding government grants.

Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100. Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the annual registration fee. Any organization which allows its registration to lapse, without requesting, in writing, an extension of time to file, shall be required to resubmit an initial registration.

COMPUTATION OF FEE CRITERIA

Total Direct Public Support (IRS Form 990, line 1a)		\$	(A)
Indirect Public Support			
Total Indirect Public Support (IRS Form 990, line 1b)	\$	(B)	
Funds received from federated fundraising organization (**)	\$	(C)	
Net Indirect Public Support	(B) minus (C) ►	\$	(D)
Net of Special fundraising events (IRS Form 990, line 9c)		\$	(E)
Gross Contributions	(A) plus (D) plus (E) ►	\$	

(**) The federated fundraising organization (FFO), as defined in section 57-48 of the Code, must register annually with the Commissioner, to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO in the space provided below:

Name of FFO: _____

REQUIRED ATTACHMENTS

I (we) have attached the following required attachments:

(✓)	Item
	Remittance form and check, made payable to "Treasurer of Virginia."
	A list of any Virginia affiliates' names, addresses and telephone numbers.
	A list of the addresses and telephone numbers for any branch offices in Virginia.
	Copies of any applicable Court Orders.
	Listing of officers, directors, and principal salaried executive officer.
	Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.
	Copy of the previous fiscal year's financial report (Form 990 or audited financial statements. Organizations with income under \$25,000 may file a treasurer's report.). Newly formed organizations shall file a board-approved budget for the current year.
	Copies of any articles of incorporation and amendments, unless they were previously filed.
	Copies of any bylaws and amendments, unless they were previously filed.
	Copies of any IRS tax-exempt determination letter(s) and amendments, unless they were previously filed.